

**TRANSMITTAL  
FORM**

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/033,646	
	Filing Date	December 27, 2001	
	First Named Inventor	Kenji YAMAGAMI	
	Art Unit	2189	
	Examiner Name	Midys INOA	
Total Number of Pages in This Submission	15	Attorney Docket Number	36992.00089

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply [Total 11 pages] <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Request for Continued Examination (RCE) w/ duplicate [Total 2 pages] <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to <b>Deposit Account Number 05-0150</b> . I have enclosed a duplicate copy of this sheet. [Total 2 pages]		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm	Squire, Sanders & Dempsey L.L.P.		
Signature			
Printed Name	Marc A. Sockol		
Date	July 8, 2005	Reg. No.	40,823

**CERTIFICATE OF TRANSMISSION/MAILING**

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Typed or printed name	Cathi L.G. Thoorse	Date	July 8, 2005

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